

Name
in
Full

Martha Bensus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died	Town	County			MARYLAND	
1905	near Easton	Day	Years	Months	?	Days
Date of death	Month	18	Age	45	?	?
Sex	Female	Color or Race	Negro	Birth-place	Talbot Co.	
Occupation	House wife	Where Residing if not at place of death			—	
Married, Single or Widowed	Married	Name of Husband	Alfred Bensus			
Father's Name	Jacob Dalton			Father's Birthplace	Talbot Co. Md	
Mother's Maiden Name	Hennie Denny			Mother's Birthplace	Talbot Co. Md	
Name of person giving Information	Alfred Bensus			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Cancer Uteri

How long
2 yrs -

Immediate
Hemorrhage

How long
Few days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. J. Anderson

Edsel, Md.

Accident or Suicide?

20 at old Chaffee

Name
in
Full

Geo W Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
<u>Oxford</u>	<u>Baltimore</u>		Months	Days	
Date of death 1905	Month 1	Day 23	Age 73	Years	
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation <u>Farmer</u>	Birth- place <u>Baltimore Co</u>		
Married-Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Boris Chase</u>		Father's Birthplace <u>don't know</u>			
Mother's Maiden Name <u>don't know</u>		Mother's Birthplace <u>..</u>			
Name of person giving Information <u>Sarah S Chase</u>		How related to deceased <u>daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Weakness incident to old age How long

Immediate La-Grippe How long six days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. A. Stevens
Oxford

Accident or Suicide? No

Name
in
Full

Perilla Leonish

CERTIFICATE OF DEATH

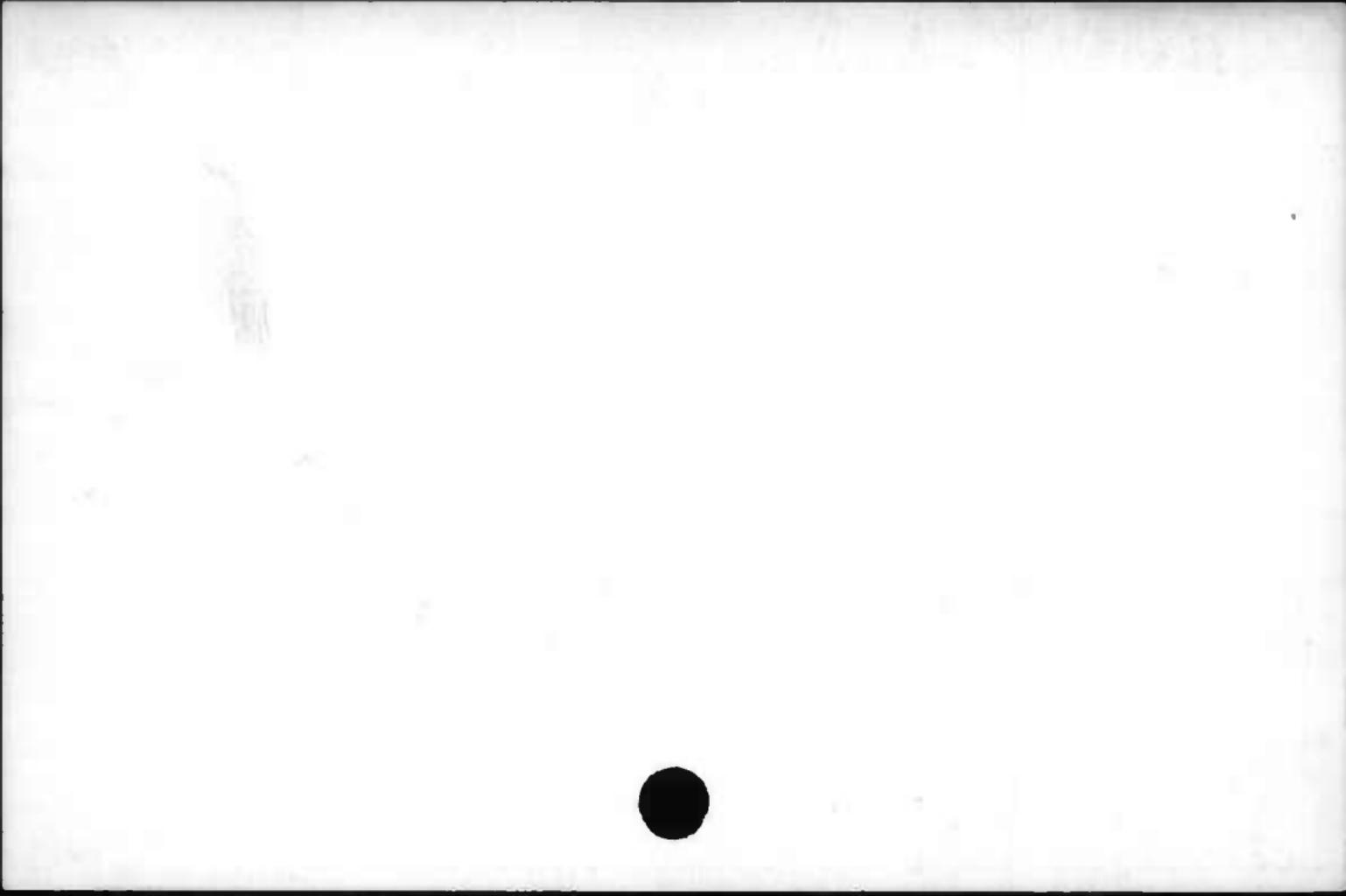
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Oxford	Talbot	-	5	20	
Date of death	Month	Day	Years	Months	Days
1905	Jan	15	2	5	20
Sex	Color or Race	Birth-place			
Female	Black	Oxford			
Occupation	Where Residing if not at place of death				
Infant	"				
Married, Single or Widowed	Name of Wife or Husband				
Infant	—				
Father's Name	Father's Birthplace				
Chas Leonish	Brockholt Co				
Mother's Maiden Name	Mother's Birthplace				
Amauda Leonish	Baltimore				
Name of person giving information	How related to deceased				
Chas Leonish	Father				

CAUSES OF DEATH

Primary	Congestion of the Brain		How long	4 months
Immediate	Heart Failure		How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. Roberts	
		Address	Oxford Talbot Co	
Accident or Suicide?				



Name
in
Full

Phoeby Ann Horner

CERTIFICATE OF DEATH

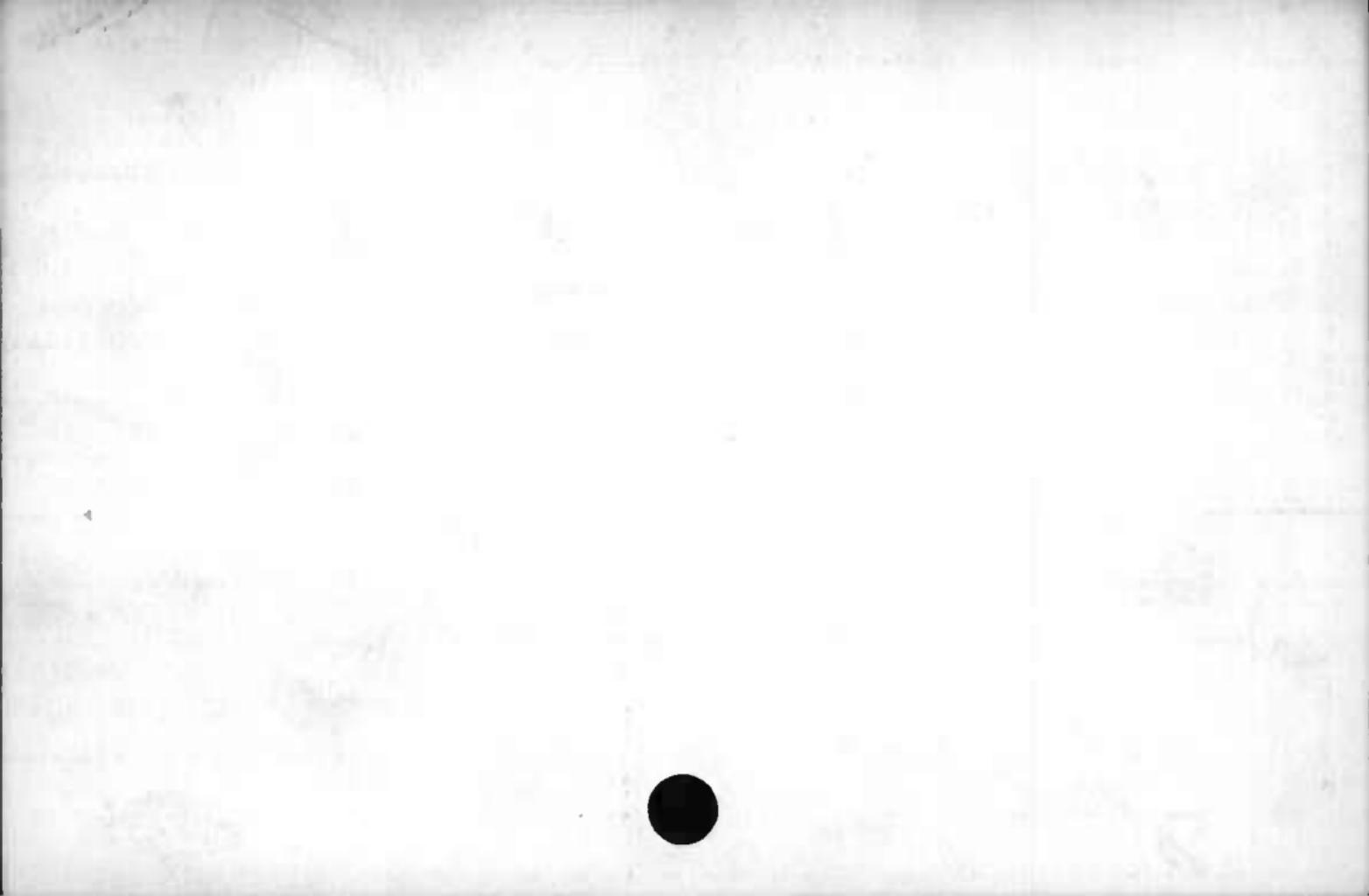
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Ecarlon		Talbot				
Date of death	190	Month Jan	Day 4	Years 84	Months 6	Days
Sex	Female	Color or Race	Black			
Occupation			Where Residing If not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Pallad Horner			
Father's Name	do not know		do not know			
Mother's Maiden Name	Do not know		Do not know			
Name of person giving Information	Sarah Edna Horner		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	one week
Immediate	Exhaustion		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Julius A. Johnson
			Address	Easton Md
Accident or Suicide?				



Nicholas N. Leonard

Town

County

Died at Skewood Talbot

MARYLAND

Date of 1905

Month

Day

Y.

M.

D.

Native of

Occupation

1st 9th

Age 74

Talbot

Farmer

Male

White

Married

Wife

Number of children living

~~Father~~~~Colored~~

Single

~~Widow~~~~Number of children living~~~~Husband~~
~~Wife~~

Father's

Name

Jeremiah B. Leonard

Mother's

Name

Rebecca Leonard

Cause of

Primary

Paralysis

How long sick

Death

Immediate

,, General

24 hours

~~Homicide, Suicide, Accident~~

Reported by

W.W. Chaires, M.D.

Address

Tighmar, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To be ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Mary Ellen McDaniel</i>				CERTIFICATE OF DEATH		
Died near Date of death 1905		Place Town	Day 23	Age 54	Years 4	Months Days
Sex Female	Occupation Housewife.	Color or Race Negro.	Where Residing if not at place of death Balbot Co, Md			
Married, Single or Widowed Married.	Name of Wife or Husband Josiah Bailey.	James Edward McDaniel				
Father's Name Josiah Bailey.	Father's Birthplace Dorchester Co Md					
Mother's Maiden Name Annie Webb	Mother's Birthplace Balbot Co, Md					
Name of person giving Information Jas E. McDaniel	How related to deceased Husband					

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

6 months.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

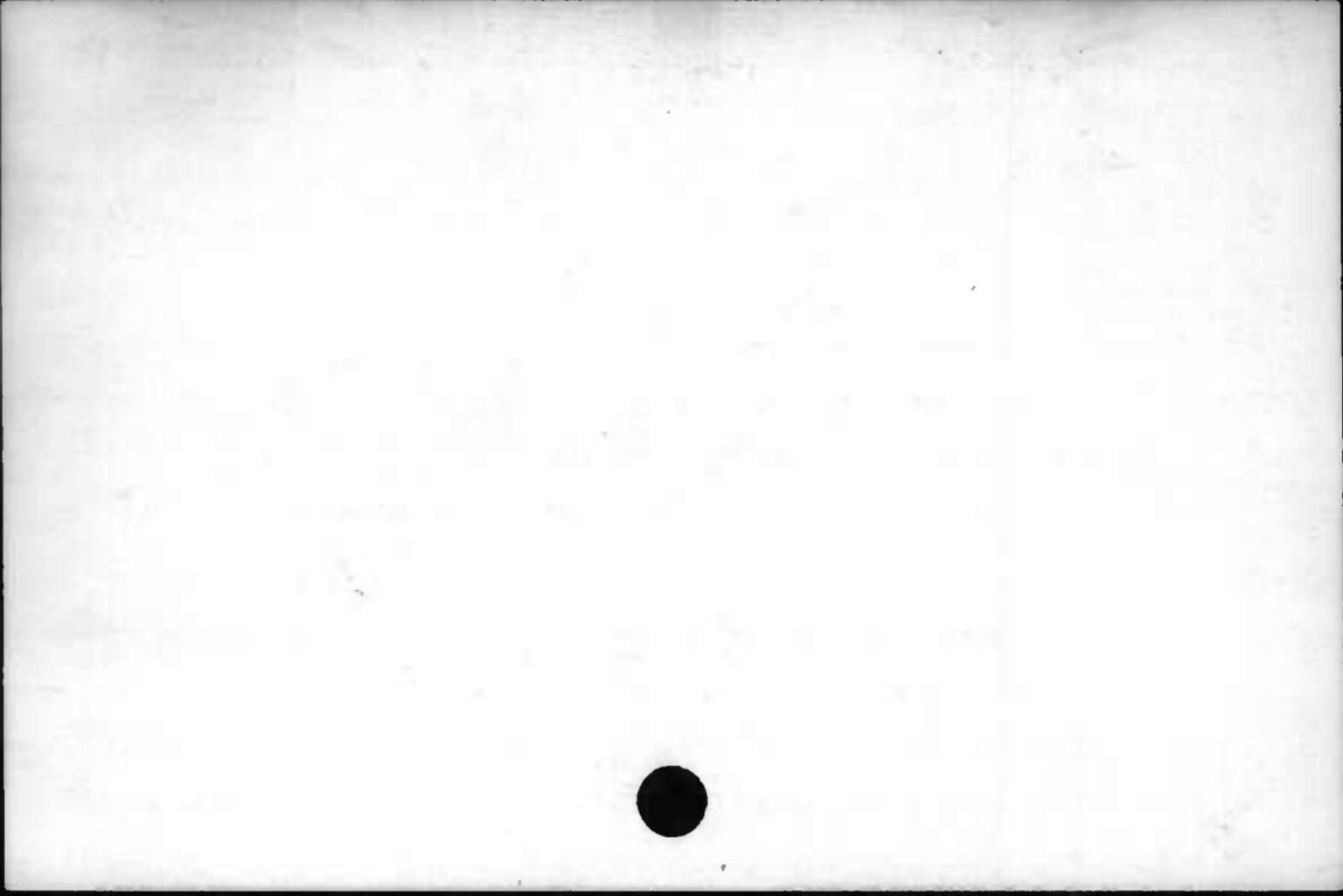
Signature of
Physician

Yes

Address

Joseph A. Ross M.D
Trappe Balbot Co, Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Gordon H. Pape

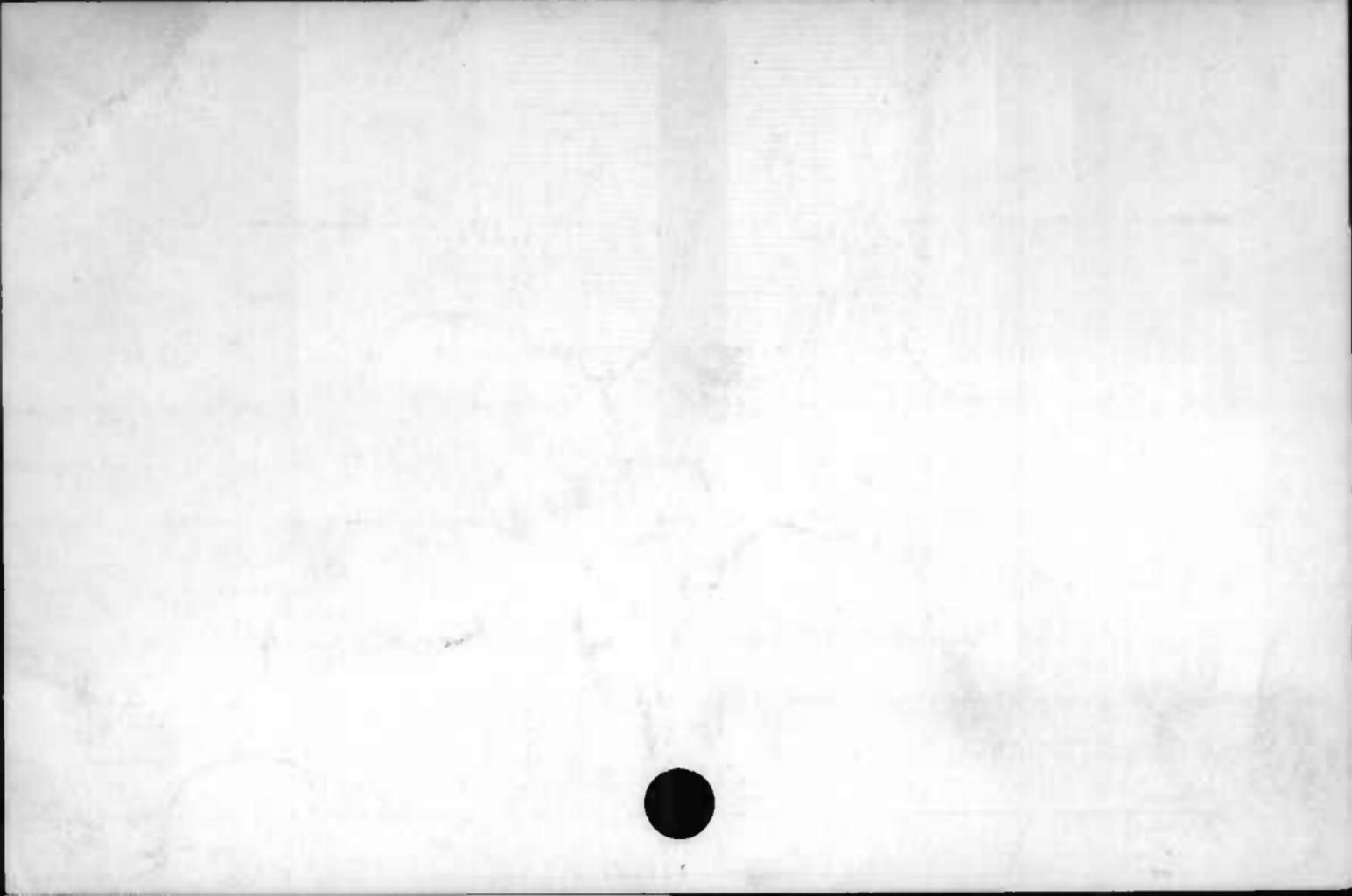
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1905 June		Month 2	Day	Years Age 21	Months 10	Days 24	
Sex Male		Color or Race white			Birth- place Somers, Md		
Married, Single or Widowed		Occupation		Skin Care Conduclor			
Name of Wife or Husband		Lester Brown					
Father's Name		Henry H. Pape		Father's Birthplace		Md.	
Mother's Maiden Name		Sarah Williams		Mother's Birthplace		Md.	
Name of person giving Information		Mrs H. H. Pape		How related to deceased		Mother	

CAUSES OF DEATH

Primary	Tuberculosis of lungs	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		
No		yes
Signature of Physician		Address
J. A. Stevens Officer Md.		
Accident or Suicide?		



John F. Price

Town

County

Died at

Trappe

MARYLAND

Month

Day

Y.

M.

D.

Talbot

Occupation

Date 1905

Male

Female

Age 72
Married

White

Colored

Single

Widow

Widower

Native of

Md.

Divorced

Number of children living

5

Husband of

Wife

Mary J. Price

Mother's

Maiden Name

Father's Name

John Price

Frances Ray

Cause of Death

Primary

Cerebral hemorrhage

How long sick

9 days

Immediate

Exhaustion

64

Accident, Suicide, Homicide

Reported by

W^m S. Seymour

Md.

Address

Trappe



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mr. Louis J Radcliffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905		Month Jan	Day 24	Years 76	Months	Days	
Sex Female	Color or Race white	Birth-place St. Michaels					
Merried, Single or Widowed Widow	Occupation Housewife						
Name of Wife or Husband Joseph Radcliffe							
Father's Name	Harrison		Father's Birthplace St. Michaels				
Mother's Maiden Name	St. Michaels Polly Harrison		Mother's Birthplace St. Michaels				
Name of person giving information Friend			How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

43

How long

Immediate

How long

several yrs

Are the name, age, sex, color, date and place correctly given above?

Yes

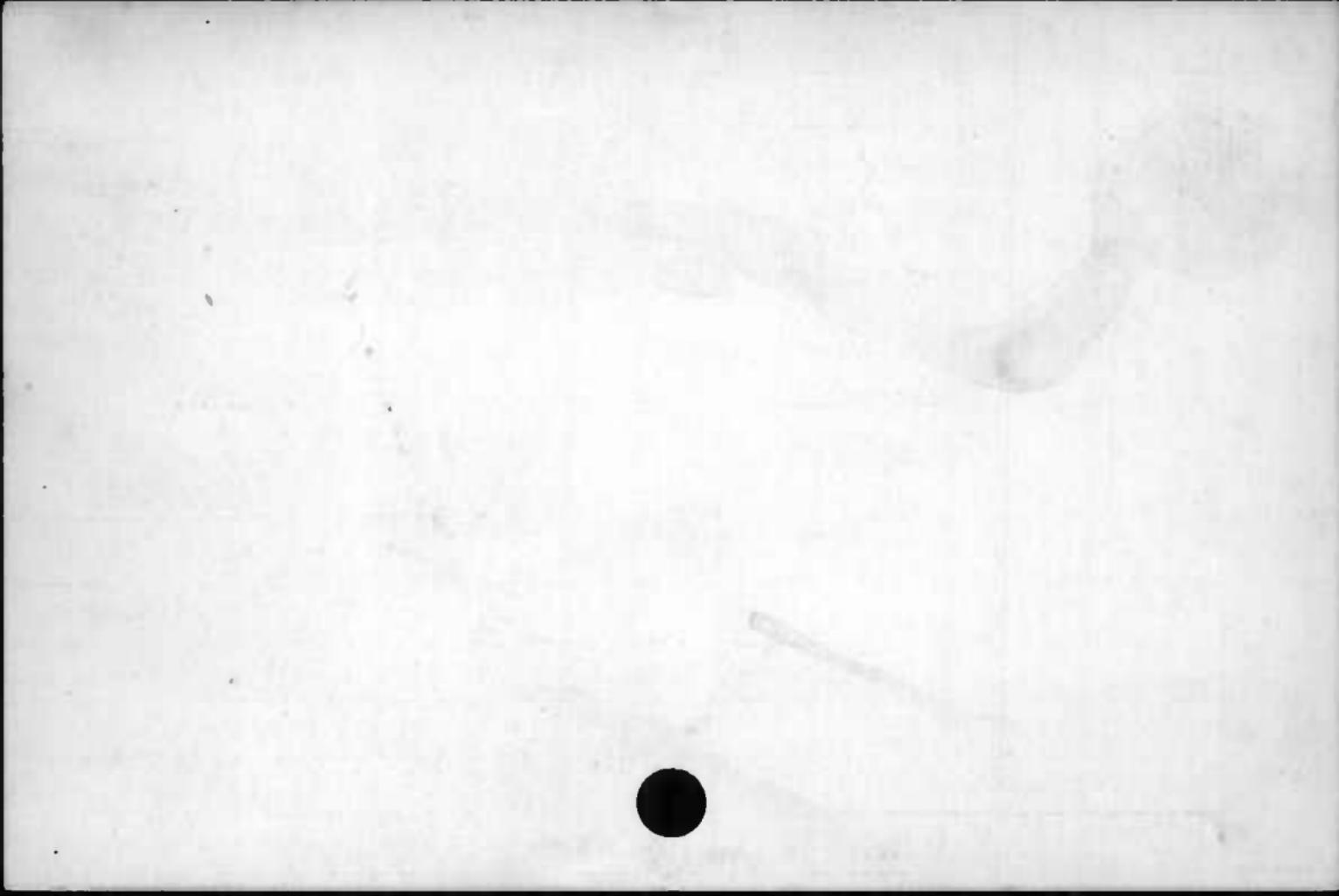
Signature of Physician

Address

Robt. A. Dodson
St. Michaels.



Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

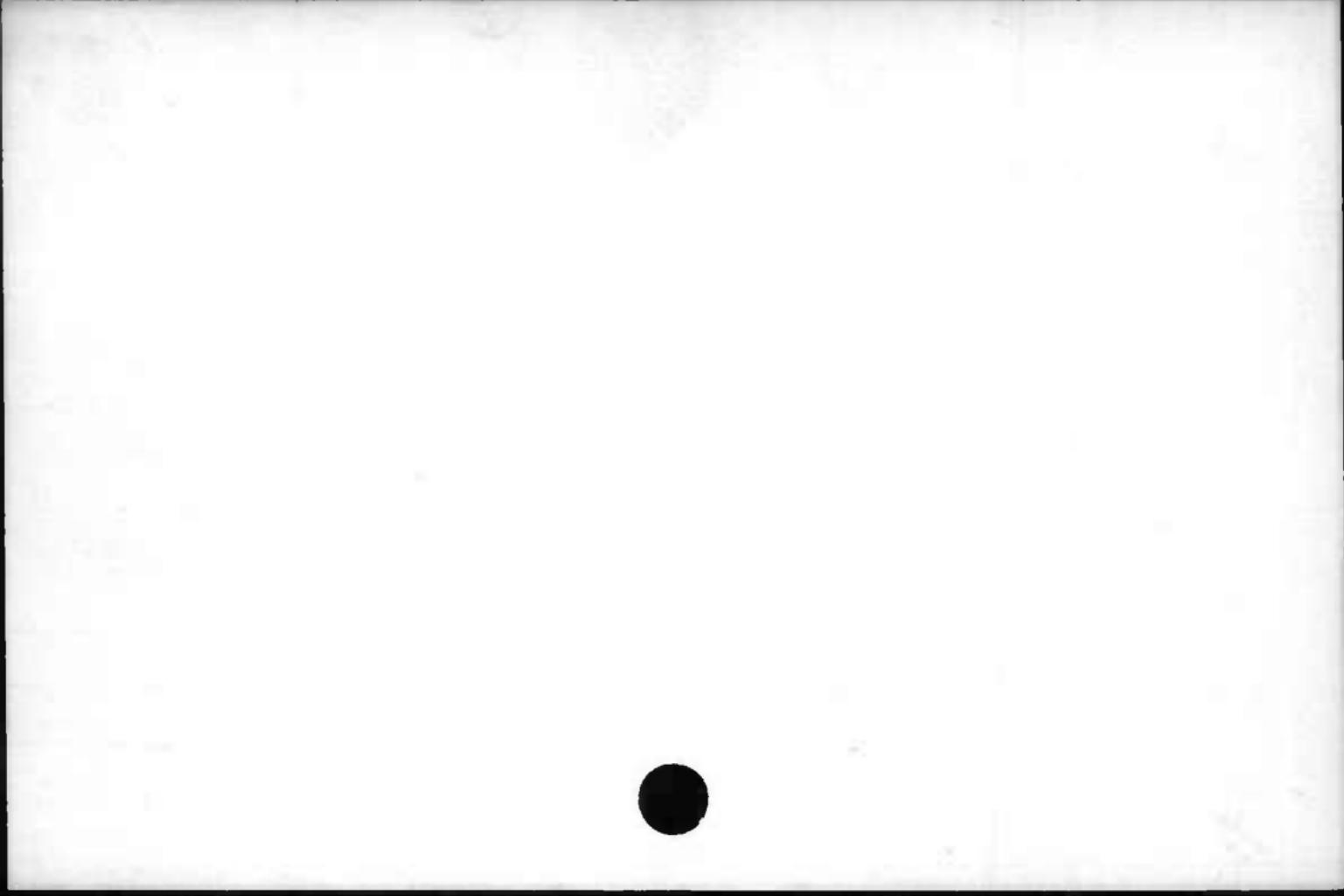
CERTIFICATE OF DEATH

Died near		Town	Nathaniel Rogien		County	Salisbury					
Date of death	1903	Month	1	Day	18	Years	24	Months	5	Days	10
Sex	Male	Color or Race	Negro		Birth-place	Salisbury Co and Baltimore, Md					
Occupation	Porter	Where Residing if not at place of death		Baltimore, Md							
Married, Single or Widowed	Single	Name of Wife or Husband	Jane Green		Father's Birthplace	Baltimore, Md					
Father's Name	Nathaniel Rogien		Son		Mother's Birthplace	Salisbury Co and					
Mother's Maiden Name	Jane Green		✓		How related to deceased	Brother					
Name of person giving information	Samuel Rogien		✓								
CAUSES OF DEATH											
Primary	Pulmonary Tuberculosis				How long	5 months					
Immediate	Exhaustion				How long	-					
Are the name, age, sex, color, date and place correctly given above?				Yes	Signature of Physician	Joseph A. Ross M.D.					
					Address	Trappe, Salisbury Co and					

PHYSICIAN
OR CORONER

8

Accident or Suicide?



Name
in
Full

Zerla L. Shoop.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1905	Month	Day	Years	Age	Months	Days
Sex Female		Color or Race	White		Birth-place Talbot Co.	
Married, Single or Widowed		Occupation	Housewife			
Name of Wife or Husband		John L. Shoop.				
Father's Name		John O. Elliott		Father's Birthplace		Talbot Co.
Mother's Maiden Name		Mary Leaverton		Mother's Birthplace		Talbot Co.
Name of person giving information		John L. Shoop		How related to deceased		Husband.

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	ten months
Immediate	Pulmonary Hemorrhage.	How long	Not ten minutes.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. P. L. Gravers.
yes		Address	Easton. Talbot Co. Md.
Accident or Suicide?			



Belle Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Jan	21	37			
Sex	Female		Color or Race	white		
Occupation	Domestic		Where Residing if not at place of death	Ferry Neck		
Married, Single or Widowed	Married	Name of Wife or Husband		Earnest A Townsend		
Father's Name						
Mother's Maiden Name						
Name of person giving information	P. L. Benson					
Father's Birthplace						
Mother's Birthplace						
How related to deceased	Cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

How long

2 yrs

Immediate

Shooting of heart

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. L. La Troppa
Royal oak road

Accident or Suicide?

